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Long Term Outcomes of Intrathecal Therapy in Patients with Refractory Cancer Related Pain

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Introduction

Cancer-related pain remains a common problem that is often times undertreated. (Fisch, Lee et al. 2012, Pergolizzi, Gharibo et al. 2014) Comprehensive medical management (CMM) can effectively reduce pain in a vast majority of cancer patients, but it is estimated that between 5-10% of cancer pain patients fail CMM and require some type of invasive therapy. (Zech, Grond et al. 1995) Intrathecal therapy can provide some patients with chronic cancer related pain improved analgesia with fewer side effects. This retrospective study describes the experiences of 19 cancer patients who received an implantable intrathecal drug delivery system (IDDS) for refractory cancer-related pain.

Materials and methods (NA for case report)

Patients who received IDDS at Roswell Park Cancer Institute in Buffalo, New York were included in the study after IRB approval during the time period from 2005 to 2010. Data regarding the patient’s pain and disability were extracted from the electronic medical record, including pain intensity (numeric rating scale, NRS), patient impression of pain relief, and psychophysical disability scores. Data was collected at baseline (prior to IDDS implantation) and at follow up clinic visits spanning a 4 year post-implantation time period. The statistical model used multivariate linear models. Two sided testing and a nominal significance level of 0.05 was used. All patient information kept confidential.

Results/Case report

Pain intensity (NRS scores) and pain relief impression scores significantly improved post-implant at all time points of 1 month to four years. Improvements in psychophysical disability were also significantly improved from 18 months through four years of therapy.

Discussion

Implantable intrathecal drug delivery systems provide significant pain relief in appropriately selected patients who fail CMM. Patients with refractory cancer-related pain also find significant improvement in quality of life, as measured by various aspects of psychophysical disability, after implantation of an intrathecal drug delivery system.

References

Tables/images

Significant changes in pain relief average scores at all time periods post-implantation of IDDS

Improvement of pain on average of psychosocial components

Disclosures

I declare that there are no conflicts of interest or support that may cause bias in my presentation.